

# Clinical Psychology Residency/Internship Program

Wright-Patterson USAF Medical Center



Applicant Brochure  
2008-2009



11 August 2007

Dear Applicant:

Thank you for your interest in our APA accredited psychology internship program at Wright-Patterson Air Force Base, Ohio. We anticipate that we will have resident/intern positions available beginning in August, 2008 for eight outstanding applicants who are eager to learn, who strive for excellence, and who are interested in beginning their professional psychology careers as Air Force officers.

Our Residency/Internship has been providing broad-based clinical training since 1978 in one of the Air Force's premier medical centers. Clinical rotations include the Outpatient Mental Health Clinic, Clinical Health Psychology Service, Primary Care Clinic, and Neuropsychology Service, with mini-rotations in Deployment Psychology, Mental Health Leadership/Administration/Community Psychology, Alcohol and Drug Abuse Prevention, and Family Advocacy/Domestic Violence Treatment and Prevention. A Child and Adolescent Psychology mini-rotation is also available.

Nine psychologists who were specially selected to help shape the future of Air Force psychology by supervising and mentoring residents/interns are currently assigned to Wright-Patterson. We also enjoy the support of other Wright-Patterson Medical Center and Dayton-area health professionals in psychology, psychiatry, social work, psychiatric nursing, neurology, pediatrics, primary care, and many others who teach our didactics programs or interact with our residents/interns in various roles.

We hope that the enclosed brochure will be of interest as you are anticipating this next, important phase of your training as a psychologist. We will be hosting an Open House (tentative date November, 30 2007). The Open House is a great opportunity to see our facility and to talk in person with our faculty and current residents/interns. Please see the attachment for information and a registration form for this event.

I encourage you to call us at (937) 257-1363 with any questions you may have,  
Best wishes!

Sincerely,

SANDRA L. TODD, Maj, USAF, BSC  
Clinical Psychology Residency Training Director  
Wright-Patterson USAF Medical Center

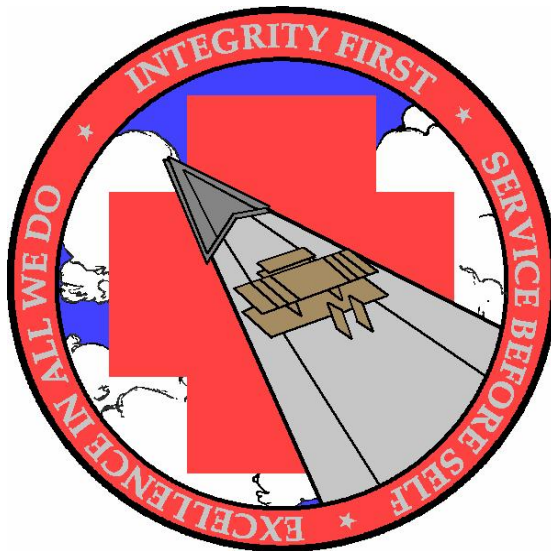
# **CLINICAL PSYCHOLOGY RESIDENCY/INTERNSHIP PROGRAM**

**AT**

## **WRIGHT PATTERSON MEDICAL CENTER**

ANDREW R. MONTEIRO, JR.  
Colonel, USAF, MC, FS  
Commander, 88th Medical Group

SANDRA L. TODD, Psy.D., ABPP  
Major, USAF, BSC  
Clinical Psychology Residency Training Director



AMERICAN PSYCHOLOGICAL ASSOCIATION  
APA Accredited Program Since 1979  
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Member of Association of Psychology Postdoctoral and Internship Centers (APPIC)

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**Clinical Psychology Residency/Internship Program**  
**WRIGHT PATTERSON USAF MEDICAL CENTER**  
**88th Medical Group**  
**Wright-Patterson AFB, OH**

- Established 1978
- Member, APPIC; Accredited by the American Psychological Association in 1979
- Located in one of the Air Force's largest Medical Centers, a state-of-the art teaching institution in the Department of Defense
- High-quality, full-time psychology teaching staff of nine, with additional part-time faculty, all well experienced and trained in a wide range of specialties
- Resident/Intern training well supported by allied mental health professionals in psychiatry, social work, mental health nursing, and primary care. Supervision and interdisciplinary relationships consistently rated as outstanding by residency/internship classes
- Offers intensive, in depth experience and supervision in assessment and treatment of a diverse patient population presenting with a broad range of emotional and behavioral disorders during required clinical rotations through the Outpatient Mental Health Clinic, Neuropsychology, Primary Care Clinic and Clinical Health Psychology
- Extensive program of didactics, professional seminars and workshops presented by local and national mental health experts
- Computer access to state-of-the-art online medical library
- Excellent mental health facilities. Each resident/intern has a private office and a Pentium computer, with desktop access to the Internet. One-way observation rooms and videotape equipment readily available.
- Rank, pay and benefits of an Air Force Captain living in the Wright-Patterson AFB area: approximate salary (some tax free) of \$52,835.28 - without dependents; \$57,491.28 - with dependents; medical benefits for residents/interns and family, full dental benefits for residents/interns, family dental package, base exchange and commissary shopping privileges, paid vacation and federal holidays
- Guaranteed post-residency/internship employment with high levels of professional autonomy and responsibility while serving one's country
- Top-quality preparation to assume challenging leadership roles in Air Force psychology or within a civilian career
- Additional service after initial 4-year commitment affords the psychologist opportunities for:
  - \$30,000 bonus
  - Health Professions Loan Repayment Program
  - Postdoctoral fellowships

## HELPFUL WEBSITES

Wright-Patterson Air Force Base- <http://www.wpafb.af.mil>

88th Medical Group - <http://www.wpafb.af.mil/units/wpmc/>

Air Force Recruiting Service- <http://airforce.com>

Clinical Psychology Residency/Internship – see the Resident Information link on the 88 Medical Group page at <http://www.wpafb.af.mil/units/wpmc/>

## **QUICK FACTS ABOUT AIR FORCE RESIDENCIES**

The United States Air Force offers one-year funded residencies/internships in clinical psychology to qualified individuals. Residencies are available within three large Air Force Medical Centers. For the training year beginning in August, 2008, we anticipate having up to 26 resident/intern positions: 8 at Wright-Patterson Medical Center, near Dayton, Ohio; 12 at Wilford Hall Medical Center, in San Antonio, Texas and 6 at Malcolm Grow Medical Center, just outside of Washington D.C. Residency/internship programs are APA accredited at all locations and are members in good standing with the Association of Psychology Postdoctoral and Internship Centers.

The Air Force cordially invites applications from all qualified persons who meet eligibility requirements (see page 8). Selection is limited to applicants training in APA approved programs. The school from which psychology doctoral degree is granted must be fully accredited by regional, state, and national educational associations and listed by the Association of American Colleges and Universities.

## **PROFESSIONAL DUTIES AND OPPORTUNITIES**

Many aspects of the practice of clinical psychologists in the Air Force during peacetime are essentially comparable to those of their civilian counterparts. As the resident/intern moves from the training program to his or her first assignment, duties depend primarily upon the medical treatment facility or Air Force community in which one works, one's interests and one's skills. Even in initial duty assignments, Air Force psychologists are often given levels of responsibility and autonomy rare in other contexts. It is not uncommon for our graduates to move directly into positions as chief of a mental health clinic at a small medical treatment facility or a specialty service chief at a larger facility, immediately assuming responsibilities for planning, as well as participating in service delivery. Senior Air Force psychologists may serve as a department chair, squadron commander or as a hospital commander. Our programs train people for such responsibilities, and our graduates function comfortably and competently as leaders.

Air Force psychology residents/interns are not deployed to overseas theaters of operation. However, Air Force psychologists who have completed their residency/internship year often serve on mobility teams, which may be sent to overseas theaters in support of various humanitarian, peacekeeping or wartime missions. In these settings, psychologists have a variety of duties. These may include operating a combat stress facility, providing organization consultation to commanders, promoting unit cohesion, educating active duty forces and family members about mental health concepts related to deployment, and promoting mental health prevention efforts.

For those who decide to leave the Air Force after their initial assignment, the experience gained in these assignments makes them particularly competitive in seeking civilian employment. For those electing to remain, post-doctoral training in such areas as clinical health psychology, child psychology, aviation psychology, operational psychology, and neuropsychology (2 years for clinical health and neuropsychology; 1 year for other programs) are desirable opportunities. Forensic and psychopharmacology postdoctoral fellowships are also offered some years. In addition to postdoctoral training, psychologists who opt to continue Air Force service are also eligible for sizeable bonus (approximately \$30,000) and student loan repayment programs.

According to APA survey results, after ten years of practice in the psychology career field the average clinical or counseling psychologist would have earned a total of \$580,207 in ten years. Not bad. However, the average Air Force psychologist, promoting to the rank of Major after 6 years and qualifying for a reassignment bonus and 4 years of loan repayment, would make \$849,518 in equivalent pay (taking into account the true value of non-taxed allowances). The Air Force psychologist makes \$269,311 more in ten years. And s/he is half way to retirement!

By the way, women psychologists in the APA survey made \$13,000 a year less than the men in their first ten years, with that discrepancy increasing in later years. In the military men and women earn the same wage.

**COMMITMENTS:** Selection for an Air Force residency/internship is contingent upon accepting a commission in the United States Air Force and serving on active duty throughout the residency/internship year and the following thirty-six months. Obligated active duty service for students under Air Force Institute of Technology (AFIT), or other Air Force stipend programs will vary according to the stipulations of their particular contract.

**ASSIGNMENTS:** The Air Force offers assignments at more than 70 locations throughout the United States and overseas, including bases in Germany, England, Italy, Turkey, Japan and Korea. Although your preferences are weighed heavily, assignments are primarily based on the needs of the Air Force. It is important for prospective residents/interns to be aware there are assignments in areas which some may consider geographically and demographically less desirable locations. However, "less desirable" is an individually defined term. There are no assignments where families cannot accompany a graduating resident/intern. There may be rare instances, however, in which the psychologist may find it necessary to precede his/her family to the next assignment by up to two months. Graduating residents/interns will not receive an overseas assignment for their first assignment, unless dictated by military need or requested by the residents/interns and approved by the Training Director.

### **SALARY and BENEFITS**

Annual Salary Schedule as of 1 Jan 07 for Wright-Patterson Medical Center Residents/Interns

	Years of Military Service, living off base			
<b>CAPTAIN</b>	<b>Up to 2</b>	<b>Over 2</b>	<b>Over 3</b>	<b>Over 4</b>
<b>Single</b>	<b>\$52,835</b>	<b>\$58,116</b>	<b>\$61,669</b>	<b>\$66,032</b>
<b>Married</b>	<b>\$57,491</b>	<b>\$62,772</b>	<b>\$66,325</b>	<b>\$70,688</b>

Of these amounts, a portion is considered a housing and subsistence allowance, which is not taxed under current IRS regulations. At the rank of captain, this untaxed portion at Wright-Patterson is currently \$13,328 if single and \$17,984 if married. Many states also exempt a portion of or all military income from state income tax. Some student loan payments can be deferred during residency/internship and/or military service. On base housing may also be available. Currently there is a loan repayment program available for psychologists who have completed their initial service commitment. All who apply are not selected for repayment of their loans and the program is reviewed annually, therefore may not be available in the future.

The Air Force will pay the full cost of moving the new resident/intern, his/her family and household goods to the training site. Upon separation or retirement from the service, moving expenses will again be paid for the return home. In addition, total medical and dental care is provided for residents/interns. Legal dependents receive care through on-base medical services or by medical providers in the Dayton area. A family dental plan and term life insurance for the military member and her/his spouse are available at a nominal cost. Other medically related needs such as prescription medications are free to any family member requiring them.

Those who choose to remain in the service beyond the initial commitment can apply for post-doctoral training under a liberal policy, which offers full salary and expenses to psychologists selected for specialty training in civilian or military fellowship programs. Those electing a 20 year career in the Air Force can



retire at a very young age with one of the most attractive retirement packages available anywhere and ample time to continue a rewarding civilian career.

### **VACATIONS, HOLIDAYS and LEAVES OF ABSENCE DURING INTERNSHIP YEAR**

All active duty military members receive 30 annual days of paid vacation. Due to the intensive requirements of the training program, however, there is a more stringent limit on the total time permitted away from training. Residents/Interns are permitted vacations, sick leave, and professional leave for necessary visits to their academic programs. The Air Force honors all Federal holidays. Time away from training is given within the limits set by the program, and each training site sets these limits differently. At Wright-Patterson, residents/interns will spend no more than thirty days away from the Medical Center. This includes federal holidays and Commander-granted “down time”, as well as vacation time, emergency leave, sick time, graduation leave, and time for house hunting at the next duty assignment. Five discretionary days away from training are given to residents/interns not having yet completed the dissertation; ten days are given to residents/interns whose dissertation is complete by 1 June 2009. In all cases, unused leave time can be accumulated for future use.

## **ELIGIBILITY REQUIREMENTS**

To be eligible for commission and consideration for resident/intern selection, the applicant must

- Be a U.S. citizen between 18 and 39 years of age. (Under certain conditions, a waiver for age may be available. Please ask your recruiter).
- Meet the requirements for commissioning in the USAF, including Air Force physical examination. This includes a mandatory drug screen. Random drug screens may be conducted at any time after commissioning and throughout the residency/internship year.
- Satisfactorily complete all academic and practica requirements (except residency/internship and dissertation) for the Ph.D. or Psy.D. in clinical, professional, or counseling psychology from an APA approved program. Academic curriculum should include completion of courses considered "core" to clinical psychology. Preliminary and comprehensive examinations must be completed. Dissertation progress is a factor in the selection process. Applicants selected for the residency/internship must accept the restriction that the dissertation (or equivalent) proposal will be accepted by their academic program no later than 1 July preceding the start of the residency/internship program. We strongly encourage that the dissertation be completed prior to beginning the residency/internship in order to allow for full participation in the wealth of residency/internship training opportunities available.

Note: Candidates whose degree programs were in an area other than clinical psychology, counseling psychology or professional psychology will be treated as cases of "respecialization". USAF residency/internship programs follow guidelines for respecialization published by the American Psychological Association and endorsed by the Association of Psychology Postdoctoral and Internship Centers. In general, applicants who are in the process of respecialization must document that they have completed an integrated program of pre-residency/internship academic courses and practica which is the equivalent of an APA-approved program in a sub-area of professional psychology. Respecialization candidates should consult publications from the American Psychological Association for current and specific guidelines governing respecialization in professional psychology. We adhere rigorously to those guidelines.

## **APPLICATION PROCEDURE and SELECTION INFORMATION**

Complete application instructions and forms appear later in this brochure. Contact your nearest Air Force Health Professional Recruiter for application processing. You may call any Air Force recruiting station for the exact location and phone number of the nearest Air Force Health Professions Recruiter. The Air Force Recruiting service also has a toll free number (1-800-423-USAF) and a very helpful website where requests for detailed additional information can be made online at <http://hp.airforce.com/>

Click on Biomedical Sciences listings.

All applicants who submit an application through the Health Professions Recruiter are extended an opportunity to interview with the Training Director at any or all of the three AF Psychology Residency/Internship Sites. Applications must be received and interviews must be completed by the 1st of January for the training year beginning in August.

Once the application is complete, it is forwarded to Randolph Air Force Base in San Antonio, TX, where a Biomedical Sciences Corps (BSC) Accessions Board is convened in late January. This board consists of the Associate Corps Chief for Psychology and 2 other senior BSC officers. They review applications for psychology internships as well as for other career fields and rank applicants based on academic and professional experiences, personal statements, and the consultant interview. Applicants who meet the standard of this board advance to the next level of review, which consists of all three of the Air Force Psychology Residency Training Directors. Each training director reviews the record of every applicant who was advanced by the BSC board and subsequently develops the APPIC Match list for his/her program.

Applicants are usually put on rank order lists by more than one AF site, however, the applicant remains “in the driver’s seat” with respect to selecting the Air Force site with which they hope to be matched. Applicants can list one site, all, or none of them. You should rank military sites in the same way that you rank civilian internship sites on the APPIC Match List. Wright-Patterson, Malcolm Grow and Wilford Hall have each have separate codes, since we are separate sites. **Wright-Patterson’s code is 151411**

Notification of selection is made on the date specified by the Association of Psychology Postdoctoral and Internship Centers. Notification of selection will be made by the APPIC computer match process. Match Day will be Monday February 25, 2008. Selectees must comply with APPIC Match Policy.

Since applicants must first qualify as potential Air Force officers, this application process is more complex and time-consuming than others. ***Applicants should begin the process as early in the academic year as possible (September) to avoid missed deadlines and lost opportunities.***

## **TRAINING SITES**

While all three residency/internship programs hold to the same standards and training objectives, each has its own distinctive character and emphases. Information about each site can be obtained from the Training Director in that facility:

**Sandra L. Todd, Major, USAF, Psy.D., ABPP**  
**Mental Health Flight/SGOH**  
**Wright-Patterson USAF Medical Center (88th Medical Group)**  
**4881 Sugar Maple Drive**  
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## **ADDITIONAL INFORMATION FOR WRIGHT-PATTERSON APPLICANTS**

We are often asked to describe characteristics of applicants who were successfully matched with our program. First, we seek applicants who want to serve in the Air Force as officers for at least the next four years. This is really the most important consideration in deciding whether you would perceive our site to be a good “fit” for you. Air Force life is exciting and rewarding, but obviously, it doesn’t appeal to everyone. We seek individuals whose professional and personal goals are compatible not only with those of our program, but which are congruent with those of a military lifestyle and professional practice. We heavily weigh evidence that the applicant can make a firm commitment to the core values of the Air Force: excellence, integrity, and service before self. Flexibility in coping with the stresses often attendant to the uncertainties of military service and openness to the many opportunities the military offers are important. Applicants must clearly desire to serve our country and be willing to make the personal sacrifices required of a uniformed service member. Traits contributing to effectiveness as an officer and psychologist include maturity, and good interpersonal skills. Strong written and verbal communication skills are a must.

Next, we look for residency/internship candidates whose academic and clinical preparation for training is congruent with our mission and philosophy. We value applicants with a history of excellence achieved in academic training programs which integrate coursework in the scientific areas of psychology with a strong emphasis on clinical practice and the practical applications of psychological research to clinical decision-making. It is more important that applicants understand how to critically evaluate psychological research and have an ability to draw inferences from current and “classic” psychological literature than it is to have compiled an extensive list of publications. Progress on the dissertation is a very important factor in our selection decision, with highest consideration given to applicants who will have this completed by the start of the residency/internship, and strong interest in those who will obviously complete it by the end of the residency/internship year.

Given our emphasis on training psychologists who can function in many areas of clinical expertise and responsibility, we seek applicants with a track record of strong, broadly based clinical experiences in a variety of treatment settings relevant to the needs of our population. These are far more important than extensive specific or specialty practicum experiences. Diagnostic, assessment and/or treatment practica completed in Medical Centers, Veteran’s Administration Hospitals, and outpatient mental health or primary care clinics is a plus. The quality of practica and the supervision provided is valued more highly than the number of hours obtained in excess of the 500 minimum hours required. We expect applicants to have had experience in administering and interpreting an array of basic psychological testing instruments, comprising adult cognitive and objective and projective personality measures. Again, astronomical numbers of tests given during practicum are not expected; rather, we seek applicants who can intelligently and accurately integrate data obtained from testing.

Our program emphasizes practice in agency settings. It is therefore not well suited to students who are primarily interested in careers in academia. Applicants having a strong interest and/or experience in psychological practice within military communities and settings will enjoy a definite advantage in the application review. In addition, we value a demonstrated ability to work comfortably with providers outside the field of psychology.

Not every applicant accepted will be outstanding in all the dimensions described here, but we hope this will help explain the factors we weigh in the application process. We will admit the strongest possible class each year, based upon consideration of factors described above. Personal or telephone interviews with the Wright-Patterson Training Director are strongly encouraged. You should arrange this through your recruiter, who will be happy to assist you.

## **WRIGHT-PATTERSON CLINICAL PSYCHOLOGY TRAINING PHILOSOPHY AND GOALS**

The Wright-Patterson residency/internship program prepares Air Force psychologists to deliver high quality, effective psychological services both within a community-based health care model and in support of worldwide contingency operations. These services range from the traditional domains of assessment, psychotherapy, consultation, mental health prevention, and program development to the military specific-domains of readiness, deployment, wartime operations, humanitarian and peacekeeping missions, and casualty prevention and care management. Our program's values are Air Force core values, which are held by this medical center and by the Wright-Patterson Air Force Base community. These values include "integrity first, service before self, and excellence in all we do."

The ultimate goal of this program is to graduate outstanding psychologists who will incorporate the Air Force core values and high ethical standards into their clinical practices as they assume increasing levels of responsibility and develop into our future leaders. We train psychologists who are able to contribute to the public's welfare by using both ethically and empirically sound interventions whether they remain in the Air Force for a career or seek professional roles within the civilian community. Due to the wide range of possible assignments and responsibilities after completing the internship, the Wright-Patterson graduate must be trained as a generalist, with a broad exposure to their future potential duties. In order to prepare for all eventualities, our residents/interns are given a core body of skills and knowledge and trained to use a systematic problem solving approach for the situations which they might encounter.

We strongly believe in the importance of interdisciplinary and multidisciplinary collaboration. The strength of this program, and its key to success, has been the cooperative, professional, and mutually enriching relationships among the various mental health disciplines. If only one factor distinguishes this program from other Air Force or military residency/internship programs, it is the respect evident among the psychologists, psychiatrists, social workers, and mental health nurses and technicians at Wright-Patterson. This element of our philosophy is a vital link in the transition of an Air Force psychologist to his or her first assignment and development as an officer. An appreciation of the contributions of other mental health and medical specialties and the interpersonal skills of collaboration and leadership are essential survival skills to new psychologists, whether they are assigned to a small clinic or large, multi-specialty medical center.

The primary training method is supervised clinical experience, with didactics designed to integrate and strengthen the resident/intern's use of the science of psychology. Our training philosophy is most consistent with the scientist-practitioner model. In keeping with the scientific foundations of psychology, this internship greatly values the rich literature of clinical research and the processes of hypothesis testing, analytical thinking, outcome measurement, and a commitment to the use of empirically supported interventions and evidence-based healthcare. Although research is encouraged and there are opportunities for collaboration with faculty on ongoing research projects, emphasis is placed on producing professional psychologists who are sophisticated consumers of research, able to integrate the current literature and the scientific method with their clinical duties.



## **THE SETTING**

### **DAYTON, OH**

One of the nation's top ten commuting and industrial centers, Dayton is America's 10th largest "90-minute market", a city where 4.1 million persons can reach the city by car within an hour and a half. The metropolitan area population in the Greater Miami Valley numbers nearly one million people. Only 60 miles from Cincinnati and Columbus and 100 from Indianapolis, Dayton offers a wide variety of lifestyles from urban living to suburban developments to picturesque rural villages tucked away in gently rolling hills, all within easy commuting distance. The costs of living and housing are low for a city this size, especially in relation to the many cultural, dining, educational, and recreational opportunities available in the area. We enjoy four seasons in a moderate climate. A dynamic and hospitable community, the Dayton area is a great place to live.

### **WRIGHT-PATTERSON AFB**

Wright-Patterson AFB is located just east of Dayton. It was here in 1904 and 1905 on Huffman Prairie where the Wright Brothers, in their own words, "really learned to fly." Just off the end of runway 23, a marker and sign commemorate the exact location of the Wright Brothers' first hangar. Today, Wright-Patterson is one of the largest and most important bases in the United States Air Force. Few installations offer the broad range of Air Force activities that can be found here. Missions range from acquisition and logistics management, research and development, education, flight operations and many other defense services. It has a workforce of almost 25,000 people and is home to more than 60 units representing a host of Air Force and Department of Defense organizations

Wright-Patterson has some of the finest family-oriented recreational programs in the Air Force. These include an Aero Club, on-base fishing, hunting and camping facilities, several top-notch golf courses, a riding club, four swimming pools, tennis courts, library, hobby and automotive shops, youth activities center and many more. Shopping at the base commissary and exchange provides substantial discounts on food and myriad other items including sound systems, computers, and clothing.

### **THE MEDICAL CENTER**

Wright-Patterson Medical Center (88th Medical Group) is a multi-specialty medical facility which, as one of six regional Air Force medical centers, serves more than 60,000 eligible patients in the local area, and nearly 700,000 in the seven-state region. We are a Joint Commission and Accreditation of Healthcare Organization (JCAHO) approved 35-bed tertiary referral facility. The medical center has over 2,000 assigned personnel and is one of the largest medical facilities in the Air Force. A \$121 million construction project completed in 1989 doubled the size of the medical center.

Professional education is a key mission element of the medical center. Our programs provide challenge, motivation and unique learning experiences in all phases of graduate medical education. More than 250 residents/interns, including 100 military residents/interns, are trained annually. In addition, some 500 medical students from the Air Force Health Professions Scholarship Program, the Uniformed Services University of Health Sciences and Wright State University School of Medicine receive clinical training here each year. .

## THE MENTAL HEALTH FLIGHT

The Mental Health Flight is a large, active diagnostic and treatment center which provides broad-spectrum mental health care to the population served by the medical center. The department is comprised of three functional units: Outpatient Mental Health Clinic, Family Advocacy, and the Alcohol and Drug Abuse Prevention and Treatment Program. A large staff of over 130 people representing all the major mental health disciplines supports these various functions.

**Outpatient Mental Health Clinic:** The Outpatient Mental Health Clinic is the largest element in the Flight and averages over 1,100 patient contacts per month. The Outpatient Mental Health Clinic provides crisis intervention, psychological evaluation, group, individual, family and marital therapy and medication treatments for children and adults. Outpatient Mental Health is Wright-Patterson's focal point for Traumatic Stress Response, disaster response, suicide and workplace violence prevention, and other important mental health community prevention activities. Recently incorporated into the Outpatient Mental Health Clinic, the Neuropsychology and Clinical Health Psychology Services provide mental health evaluation and treatment services for medical center inpatients and outpatients with health related problems and concerns.

**Family Advocacy:** This service is responsible for developing, implementing and evaluating policies and programs designed to prevent, intervene in and treat child and spouse maltreatment in the Wright-Patterson community. The element is also responsible for implementing the Air Force program which identifies and supports families with special medical, psychological or educational needs.

**Alcohol and Drug Abuse Prevention and Treatment (ADAPT):** This outpatient substance abuse prevention and treatment program provides education, consultation and treatment for active duty military personnel and eligible beneficiaries. The ADAPT program's primary objective is to enhance individual health and wellness through the prevention of substance abuse. When substance abuse does occur, the program works to minimize its effects on the individual, family and the Air Force mission by providing comprehensive education and treatment services, striving to return the active duty member as quickly as possible to a productive role in the Air Force. The Wright-Patterson ADAPT program is a pilot site for evaluation of the Air Force's new motivational interviewing-based substance misuse treatment initiatives.



The Mental Health Flight places a strong emphasis on training. Management of the psychology residency/internship program rests with the Clinical Psychology Residency Training Director and the psychology staff. However, many other professionals participate in the program by providing direct supervision in special areas, teaching seminars and conducting case conferences.

A psychiatry residency program was established in the department during the summer of 1978. This program now has thirty-to-forty interns and residents who participate in a consortium of training sites, including Wright-Patterson Mental Health Flight, through the Wright State University Medical School and several other medical centers within the greater Dayton area.



## **OVERVIEW OF THE PSYCHOLOGY RESIDENCY/INTERNSHIP PROGRAM**

The clinical psychology residency/internship year begins annually during August and continues for twelve calendar months. Prior to this, all residents/interns must complete a Commissioned Officers Training (COT) in Montgomery, Alabama. This four-and-a-half-week long program usually begins in July.

Our residency/internship is a one-year long intensive training program that is dedicated to helping the resident/intern acquire and refine the conceptual and practical skills needed for the investigation, understanding and modification of human behavior. We are specifically interested in teaching residents how to systemically apply these skills to the needs of the Air Force's most valuable asset: its people and families. The program is organized around four areas of capabilities which are considered to be essential components within the repertoire of the competent and well-rounded entry-level psychologist—assessment, intervention/treatment, prevention, and consultation.

Since effective assessment is the key to successful treatment of any kind, residents/interns receive extensive training in sharpening skills in clinical interviewing and psychological testing. Although the clinical interview is regarded as the primary assessment tool, this is complemented by training in the use of a variety of symptom rating scales, psychological and neuropsychological tests. Residents/interns learn to integrate historical, interview and test data in their case formulations. We place strong emphasis in understanding a problem and/or formulating diagnosis on the basis of a sound biopsychosocial analysis which leads to hypothesis generation, an operational definition of the problem, and the development of a treatment plan with measurable goals and observable outcomes.

Residents/interns are guided in the use of current theoretical and empirical literature to inform their decisions and to select from evidence-based treatment possibilities. Experience is obtained in use of individual, structured group, couples and family therapy modalities. There is collaboration with the patient in arriving at shared treatment goals and interventions. Ideally, treatments are formulated which empower the patient, capitalize on strengths, relieve symptom distress and foster a greater sense of self-efficacy. The resident/intern is trained to carefully assess the effectiveness of the treatment given, and to make appropriate, well-timed adjustments to the treatment plan when necessary.

The Air Force Medical Service recognizes that prevention of medical and mental health disorders is the key to ensuring healthy communities. Psychologists have much to offer in preventing suicide, family and workplace violence, and substance abuse. We know the health risks associated with unmanaged stress, smoking, and uneven compliance with medical treatments, and have developed successful interventions for these. Since the Air Force psychologist is quickly placed into a role as the community mental health expert, he or she must have the ability to develop community-based mental health prevention services and deliver care in non-traditional settings. During the year, residents/interns learn how to develop effective prevention programs for use at their local base or in a deployed setting.

Clinical rotations are designed to foster the development of expert mental health consultation skills. As a consultant, the resident/intern recommends ways in which psychological theories or interventions may be applied to a total patient health care plan or to the solution of organizational/administrative problems. Since our program is based in a medical center, many clinical activities center on working with other health care professionals. Interactions with primary care physicians, medical specialists and other medical center staff are conducted on the basis of a thorough understanding the role of psychology within the medical setting and an ability to use appropriate strategies for promoting and maintaining health and wellness. Participation on multi-disciplinary care teams affords opportunities for residents/interns to understand the contributions made to total patient care not only by psychologists, but also by other mental health professionals and medical specialists as well.

In response to our duty to support the Air Force mission, residents/interns also receive supervised experience in providing mental health consultation to unit commanders and various civilian and military agencies and authorities. Residents/interns help commanders and supervisors offer optimal support to their unit's members and to understand the impact of mental health issues on individual and unit safety and mission integrity.

While the program places a strong emphasis on supervised clinical experience in assessment, intervention, prevention, and consultation, it is recognized that acquiring these skills alone is insufficient for the development of the effective psychologist. As an agent of change, the individual must also develop and continually strengthen positive aspects of his or her own personal and professional qualities if these acquired skills are to be used most successfully. The training year offers the resident/intern the opportunity to achieve growth toward personal and professional maturity through fostering a commitment to life-long learning.

## **PSYCHOLOGY RESIDENCY/INTERNSHIP YEAR**

In-processing and Orientation (2 weeks)

### **Outpatient Mental Health Clinic (50% of clinical work)**

- Clinical/diagnostic interviews
- Adult Psychological Testing
- Psychotherapy and Treatment Planning
  - Individual
  - Structured Group Therapies
  - Marital/Family
- Crisis Assessment and Intervention
- Military-Specific Evaluations
- Supervision of technician staff

### **Neuropsychology Service (20% of clinical workload)**

- Adult Neuropsychological Assessment
- Consultation
- Disability Determinations
- Competency
- Fitness for Duty Evaluations

### **Primary Care Clinic (10% of clinical workload)**

- Primary Care Clinical Skills
- Practice Management
- Administrative Skills
- Consultation
- Team Performance

### **Clinical Health Psychology (20% of clinical workload)**

- Stress Management
- Biofeedback Therapy
- Pain Management
- Disease Management Programs such as
  - Cardiac Rehabilitation
  - Diabetes Education
  - Pulmonary Rehabilitation and Education
  - Smoking cessation

### **Mini Rotations (distributed throughout the year)**

- Deployment Psychology
- Alcohol and Drug Abuse Treatment Program (ADAPT)
- Family Advocacy
- Mental Health Leadership/Administration/Community Outreach

Out-processing (1 week)

The activities of the internship year are based on an estimated 40-45 hour workweek. However, it is sometimes difficult to get everything done between 7:30 and 4:30. The number of hours you actually end

up spending at work will depend upon a variety of things: your interest in additional training experiences, your involvement in special training opportunities, your time effectiveness in completing paperwork, and your “luck” in not having a patient in crisis come to your walk in clinic at 4:28 on a Friday afternoon! Most work on dissertation is conducted after hours and on weekends. Despite this, rest assured that you will not consistently work 60-hours per week during the internship! However, there may be occasional weeks where this level of time commitment is required. Your training director and supervisors will help you plan activities that allow you to make the most out of your internship, while still having time for family and fun outside of work.

## **THE PSYCHOLOGY RESIDENCY/INTERNSHIP CLINICAL ROTATIONS**

The residency/internship year consists of four major rotations. These rotations may occur separately or may overlap. At various times throughout the year, residents/interns will participate in a series of mini-rotations and learning experiences which enrich and enhance the core curriculum and prepare the resident/intern to assume a leadership role at their next assignment.

### **MAJOR ROTATIONS**

**Outpatient Mental Health Clinic:** Approximately half of your clinical workload will focus on this rotation. The rotation consists of general clinical training in outpatient care, as well as training in certain other specialized areas. During this period, residents/interns assigned to the Outpatient Mental Health Clinic will spend a majority of their time providing evaluation, assessment and therapy to an outpatient population characterized by a great diversity of clinical problems. Supervised experience in individual psychotherapy, marital therapy, and structured cognitive behavioral groups is emphasized. The resident/intern is also trained to conduct psychological evaluations in support of specific military needs, such as commander-directed mental health evaluations, medical evaluation boards, and in providing crisis intervention to patients seen in the clinic on an emergency basis.

Theoretical approaches to treatment center on evidence-based interventions including cognitive, behavioral, and solution-focused models of psychotherapy. Training is given on developing and refining psychological assessment skills, using a variety of psychological rating scales, intellectual and objective personality measures. The use of outcome measures with all patients gives both providers and patients important information about treatment efficacy. Interdisciplinary teamwork and collaboration are strongly emphasized and encouraged. Psychology residents/interns have an opportunity to train and supervise mental health technicians who must learn to conduct psychological screening evaluations, administer psychological testing, and function as co-leaders for psychoeducational groups. Throughout the year the residents/interns will provide on-call services for both the Outpatient Mental Health Clinic and the Medical Center's Emergency Department.

**Clinical Health Psychology:** Approximately 20-percent of your clinical workload will focus on this rotation. The Clinical Health Psychology Service offers evaluation and treatment to both outpatients and inpatients presenting with medical problems. Psychology residents/interns are introduced to the field of health psychology and participate in the multidisciplinary environment in which much of health psychology operates, including involvement in cardiac rehabilitation, pain management and diabetes management. Residents/interns will also develop skills for assessing and treating common psychophysiological problems such as headaches, temporomandibular disorder, insomnia, hypertension as well as a variety of stress related difficulties. Individual therapy, biofeedback technology and psycho-educational group formats are used with patients. Training objectives are met through an intensive regimen of current readings, rotation-specific and department-level didactics, outpatient and inpatient client contact, and one-on-one supervision with the health psychologist. At the completion of the rotation, residents/interns will be able to competently perform a behavioral functional analysis, formulate appropriate treatment goals, implement behavioral treatment strategies, and monitor treatment gains.

Biofeedback training is available, with emphasis placed on the application of this tool to a wide variety of psychophysiological disorders and emotional problems. The service is equipped with state-of-the-art computerized biofeedback equipment with capacity to monitor a variety of physiological functions simultaneously. Residents/interns who elect to complete the requirements may become certified to independently provide biofeedback treatment in the Air Force.

**Primary Care Clinic:** Nearly half of all the formal mental health care in the United States is delivered solely by general medical practitioners. The Air Force is taking the lead in preventing mental health

disorders in early recognition and intervention by placing mental health providers in Primary Care Clinics. Psychologists in the primary care setting serve as internal resources for primary care providers to help address patients' psychosocial and behavioral concerns, without additional referral to a specialty mental health clinic. Psychologists in this role provide Primary Care patients' immediate access to behavioral healthcare, with rapid feedback and improved fit between the care patients seek and the services offered. Wright-Patterson's effectiveness in launching this line of mental health services was recognized with a "Best Practice Award" during a recent Primary Care Optimization Staff Assistance Visit. During this rotation, (approximately 10% of your workload) residents/interns will learn clinical and practice management skills, enhance consultation and team performance, and receive instruction in documentation and administrative practices that are needed by successful and effective psychologists who work in a Primary Care Clinic setting. Supervision will be provided by clinical psychologists who have been extensively trained in this new application of psychological practice.

**Neuropsychology:** Approximately 20% of your workload will focus on this rotation. During the Neuropsychology Service rotation, the resident/intern develops basic skills in assessment and the formulation of treatment recommendations for neurologically impaired adults. A primary goal for residents/interns is to develop competency with basic principles of neuropsychology and to be able to recognize the need for neuropsychological/neurological consultation. Emphasis is placed on a flexible battery approach utilizing a wide array of tests, including some of those comprising the Halstead-Reitan battery. Neuropsychological consultation is often requested by physicians within the Departments of Primary Care, Internal Medicine, Neurology or Mental Health in order to assist in differential diagnosis of organic brain syndromes, obtain information about the neuropsychological sequelae of neurological diseases or traumatic neurological events and to aid in treatment planning. Typical cases include referrals for the assessment of suspected dementia, traumatic brain injury, neoplasms, seizure disorders and the neurobehavioral aspects of psychopathology. The Neuropsychology Service routinely evaluates persons who have experienced some type of brain injury while on active duty and who have been subsequently retired from the military. Since these patients are re-evaluated every 18 months, the resident/intern is afforded an excellent opportunity to monitor the long-term neuropsychological recovery process. There are occasionally opportunities to observe brain cuttings, and neurosurgery, at our medical center and other local hospitals.



## MINI-ROTATIONS

Throughout the year, residents/interns will participate in a variety of mini-rotations. Mini-rotations will consist of focused learning experiences in areas such as Deployment Psychology, Alcohol and Drug Abuse Treatment Program (ADAPT), Family Advocacy, and Mental Health Leadership/Administration/Community Outreach. While the primary rotations encompass most of what the resident/intern will encounter when they leave for the first assignment, these areas may also be involved in their new job descriptions after graduation. Mini-rotations are not completely described in this brochure, since they are often individually tailored to meet specific training concerns, needs, and residents'/interns' interests.

**Center for Deployment Psychology** – (CDP) – Residents/Interns will participate in a two-week training course at the Center for Deployment Psychology in Bethesda, Maryland. The information learned at the CDP will be built-upon by the Wright-Patterson AFB psychology faculty. The mission of the CDP is to train military and civilian psychologists and other mental health professionals to provide high quality deployment-related behavioral health services to military personnel and their families. Over the course of the two-week training, topics that will be addressed include:

- A Multi-disciplinary approach to the behavioral health care and treatment of military personnel and their families
- Unique needs of underserved military populations including demobilized Reserve, National Guard, retirees and their family members.
- Awareness of the deployment-related behavioral health needs of service members and their families.
- Research on the deployment-related needs of the service member and their families, in addition to the interventions aimed at addressing these needs.
- Recommendations and proposals for the support deployment-related policy and program development, operations, and management based on psychological research.

**Alcohol and Drug Abuse Prevention and Treatment** – (ADAPT) – The duties of approximately 40% of newly graduated psychology residents/interns include responsibility for oversight and management of the ADAPT program. During this mini-rotation, residents/interns will obtain a general overview of the program and the type of individuals referred for treatment. They will accompany a treatment provider during a commander consultation as well as during a treatment team meeting. The objective is familiarizing the resident/intern with the ADAPT program administration and management. The residents/interns will also learn about the requirements of the Air Force Drug Demand Reduction Program. Minimum supervised experiences will include:

- Observe 1 SUAT-guided ADAPT intake
- Conduct 2 SUAT-guided ADAPT intakes (may be with “mock” patients)
- Observe 1 Treatment Team Meeting w/ ADAPT Program Manager and Commander
- Provide individual treatment for 1 ADAPT patient
- Attend 1 treatment group
- Attend 1 aftercare group
- Attend 1 AA meeting
- Conduct 1 course of Alcohol Brief Counseling with a patient

**Family Advocacy** – This mini-rotation is designed is to familiarize the resident/intern with the roles and responsibilities of the Family Advocacy Officer. Among the activities are evaluations of family maltreatment, and assisting in considering humanitarian assistance requests for families who have special

medical needs. In order to introduce residents/interns to the Air Force's complex, interdisciplinary response program to child and spousal maltreatment, all residents/interns provide evening and weekend on-call Family Advocacy coverage to the Emergency Room for up to one week per month throughout the residency/internship year. As part of this training, the resident/intern serves as a consultant to Emergency Room physicians and pediatricians, as well as a potential liaison to Security Forces, Office of Special Investigations, Air Force commanders and first sergeants, base wing commander, Ohio State Children Services Board personnel, and civilian police. The resident/intern may also provide on-scene crisis assessment and intervention with victims or alleged offenders in the Emergency Room.

**Mental Health Leadership/Administration/Community Outreach** – Our graduates consistently report that they quickly find themselves in a position of authority at the next duty assignment. Experiences on this rotation include serving as the Chief Resident for the psychology residency program, participating in the Flight senior management meeting (Matrix), an opportunity to learn about the structure and priorities of Air Force Command, consulting with the Outpatient Clinic Chief about commander directed evaluations, participating in base-wide helping agency working groups (Integrated Delivery System), interfacing with the installation Commander through quarterly Community Action and Information Board meetings, and consulting to base leadership through the Commander's Consultation Team.

**Dissertation/Research Time** – All residents/interns are expected to defend their dissertations by the end of the residency/internship year. While it will be necessary to spend off duty time to achieve this goal, you may also request a period of training time, not exceeding an average of 3-4 hours a week to help you. Residents/interns who have completed the dissertation are encouraged to engage in ongoing research. In lieu of having "Dissertation time", you may be granted up to four hours a week collaborating with staff on their projects or you may design your own research project.



*Wright Patterson Medical Center Library*



## **SEMINARS AND CONFERENCES**

While the major emphasis in the training program is on supervised clinical experiences, we recognize the importance of maintaining a balance between the practical, problem-solving tasks of clinical work and the intellectual, theoretical and empirical basis of psychological practice. Time for thought, opportunity to consult with colleagues and keeping current on developments in professional psychology are integral parts of a psychologist's responsibility and identity. In order to promote this area of professional development, we offer many different types of seminars and conferences, in which the resident/intern spends four to five hours per week.

**Psychology Didactics:** This weekly lecture series highlights important topics in professional clinical and military psychology. Minimizing redundancy with university coursework, the Psychology Didactics series emphasizes advanced intervention and assessment strategies and current research in specific areas. Topics relevant to administrative and specifically military aspects of psychological practice are covered here. Didactics offered change from year to year, in order to capitalize upon the particular interests of the faculty and tailor the program to the backgrounds and interests of each new residency/internship class. Guest lectures on special topics presented by experts in the Dayton area are also important components of this series.

**Psychology Psychotherapy and Assessment Case Conference:** This seminar is conducted three times a month throughout the year with the goals of training the resident/intern in the practical aspects of assessment and therapy and sharpening skills in professional case presentation.

**Journal Club:** Scholarly discussions of research in the science, practice or training in psychology, led by residents/interns, are held every-other-week throughout the year.

**Diversity Journal Club:** Understanding cultural and individual differences is essential in providing assessment and treatment to the patients served in Air Force medical treatment facilities and is central to one's development as a professional psychologist. This journal club will be incorporated into the journal club schedule once every-other-month and focuses on application of psychological theory and practice to the unique needs of racially, ethnically, culturally or religiously diverse populations. Topics also center on gender-specific issues.

**Multimodal Interdisciplinary Treatment Team:** This conference is conducted in the outpatient mental health clinic. It includes all professional and technician staff and psychology and psychiatry residents/interns, each of whom is assigned to work on one of two treatment teams. All staff and residents/interns are required to present cases requiring integrated multimodal care and treatment planning. Treatment plans, consultation requests, and case management concerns are discussed, and clinical assignments are often made during the team meetings. Attendance is required at one of the two meetings held each week in the clinic.

**Psychology Resident/Intern Meeting:** Psychology residents/interns handle internal affairs; engage in self-teaching, and coordinate academic and social functions during this weekly meeting, which is led by the Chief Psychology Resident/Intern.

**Training Director's Time:** The training director meets with the residency/internship group for one-half hour weekly to discuss professional and career development and practice issues and to respond to concerns that may arise from the resident/intern group.

**Military Readiness Training** – One afternoon a month, residents/interns attend this Flight-wide meeting in order to receive the latest training on our military-specific professional competencies. Training is provided by subject matter experts within the Flight and from the local area.

**Morbidity and Mortality Conference:** Case histories of patients whose care presents unique management challenges are presented by designated representatives from each Mental Health Flight element on a monthly

rotational basis. Discussions focus upon standard of care, legal and ethical issues in mental health practice, and provide opportunity to develop and implement Performance Improvement initiatives within the Flight.

**Wright State University School of Medicine Grand Rounds:** Psychology and psychiatry, residents/interns and staff often go to a Dayton area hospital to attend a weekly presentation by an outside speaker on a topic applicable to psychiatry/psychology; these normally are approved for Category I CE credits.

**Wright State Academy of Psychology** – The Wright-Patterson Psychology Service is a member of the Wright State Academy of Psychology. The purpose of the Academy is to support excellence in psychology continuing education. Residents/Interns, along with psychology faculty, will attend four one-day seminars over the course of the year. Among recent presenters have been:

Edward Shafranske, Ph.D., “Clinical Supervision: Competency-Based Practice”

Derald Wing Sue, Ph.D., “Multicultural Counseling: Working with Diverse Populations”

Robert P. Luken, BS., LPC, “Disaster Mental Health Training: American Red Cross Certification”

Ruth Baer, Ph.D., “Mindfulness-Based Cognitive Therapy”

Frederick L. Peterson, Psy.D., “Sexual Health as Part of Your Mental Health Practice”

Alan Gruenberg, M.D., “Cutting Edge Issues in the Development of the New DSM-V”

**Other seminar and conference offerings:** Residents/interns have the opportunity to attend lectures, conferences and continuing education activities held in the Dayton-Columbus, Cincinnati area. During recent years, residents/interns have attended workshops led by nationally known experts in forensic, child psychology and neuropsychology.

**CLINICAL PSYCHOLOGY RESIDENCY/INTERNSHIP  
2006-2007 SEMINARS AND WORKSHOPS (partial listing)**

**Cognitive Processing Therapy for PTSD (2-day workshop)**

**Organizational Consulting (2-day workshop)**

**Psychopharmacology for the Psychologist (3 part series)**

**Special Topics in Suicide Assessment and Prevention (1-day workshop)**

**Duty to Protect**

**Adult Attention Deficit Hyperactivity Disorder**

**Running Structured Psychoeducational Groups**

**Motivational Interviewing**

**Forensic Psychiatry**

**Men's Issues in Psychotherapy**

**Humanitarian Missions**

**Eating Disorders**

**Mindfulness Based Cognitive Therapy**

**Intergroup Relations and the Psychology of Living with Terrorism**

**Minnesota Multiphasic Personality Inventory-2 (4 part series)**

**Psychological Issues in Domestic Violence**

**Psychologist's Role in Traumatic Stress Response**

**Boundary Issues**

**Ethical Issues in Military Psychology**

**Dialectical Behavior Therapy**

**Sports Psychology**

**Behavioral Marital Therapy**

**Special Topics in Substance Abuse**

## **SUPERVISION**

Although all work is performed under the supervision of a staff member, the ultimate objective of the program is the enable the resident/intern to practice independently in a variety of military or civilian mental health care programs. In addition to supervision in assessment and psychotherapy, residents/interns are supervised in establishing and maintaining consulting relationships with health care professionals, commanders, and other professionals. During all major rotations, the resident/intern is assigned to a rotation supervisor and receives a minimum 2-4 hours of individual and group supervision per week. Resident/intern preferences about assignment to supervisors are considered and honored whenever possible. The Training Director is also available for supervision and consultation on clinical cases, research, career plans, progress in the program, or any other issues the resident/intern may desire.



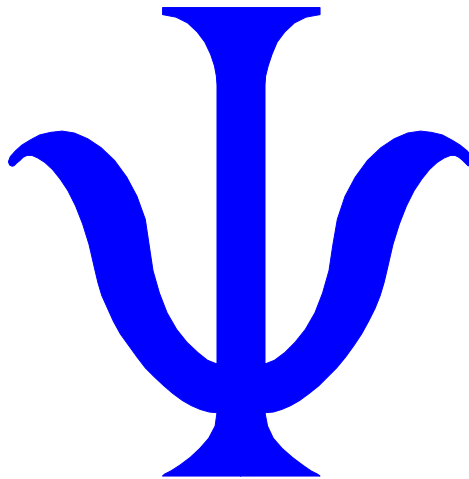
## **MENTORING PROGRAM**

We believe that it is important to help our residents/interns enhance their sense of competence, professional identity and role effectiveness as they embark upon their military and psychological practice careers. Residents/interns are encouraged to develop mentoring relationships with any staff member or members over the year-long internships. All staff members are happy to help with any issues that may arise in an effort to ease the transition from student to practicing Air Force psychologist. The characteristics of the mentoring relationship are broad. Historically, they have included career advancement concerns, discussing personal or professional issues that arise during the training year, and dissertation “coaching”.

## **EVALUATION PROCESS**

**Resident/Intern Performance Evaluation:** Evaluation and feedback is an ongoing process throughout the year. Residents/interns are evaluated during each clinical rotation by the staff member(s) directly responsible for the resident's/intern's supervision. Ongoing informal feedback offered in supervisory sessions is supplemented by a formal written performance evaluation at the mid-point and end of each rotation throughout the year. Evaluations are made on an approved form, which incorporates both general professional characteristic and learning objectives specific to that rotation. The resident/intern then reviews the completed evaluation form, provides comments about his or her own perceptions of progress and is encouraged to provide feedback to supervisors and the Training Director about ways in which the program may be improved. This report is discussed between the supervisor and the resident/intern prior to submitting the report to the Training Director. Based on these reports, the Training Director prepares a final, year-end training report for inclusion in the resident's/intern's Military Personnel File.

**Residency/Internship Program Evaluation:** The psychology program has a twice yearly off-site to examine all aspects of residency/internship training. Using feedback provided by the residents/interns, the faculty work together to review the goals and objectives of training, assess the program's effectiveness in meeting these, and propose means of further enhancing the training year.



## **CORE PSYCHOLOGY FACULTY**

Current as of 11 September 2007

Lt Col Stephen L. Hamilton, Psy.D.

Mental Health Flight Commander

Clinical Interests: Team-building/Organizational Effectiveness, Marital Therapy, Community Psychology

Maj Ken Furman, Ph.D.

Mental Health Flight Deputy Commander

Clinical Interests: Cognitive Therapy, Brief Solution Therapy, Command Consultation, Disaster Management

Maj Sandra L. Todd, Psy.D., ABPP

Psychology Residency Program Training Director

Clinical Interests: Autism Spectrum Disorders, Spirituality and Psychology; Clinical Psychology Training

Maj Bryan Davidson, Ph.D.

Chief, Clinical Health Psychology

Clinical Interests: Integration of Behavioral Health in Primary Care, Interaction of Spirituality with Clinical Work, Chronic Pain

Maj Mario Nicolas, Ph.D.

Chief, Neuropsychology

Capt Dennis Tansley, Ph.D.

Staff Clinical Psychologist

Laura Poole, Psy.D.

Staff Clinical Psychologist

Clinical Interests: Cognitive-Behavioral Therapy, Mindfulness-based Treatment Approaches, Post-Traumatic Stress Disorder

Raymond L. Poole, Psy.D.

Staff Clinical Psychologist

Chief, Mental Health Negotiation Team

Clinical Interests: CBT for Individuals and Couples, Crisis/Hostage Negotiation, Substance Use Evaluations and Treatment

Donna Plunkett, Psy.D.

Staff Clinical Psychologist

Clinical Interests: Anxiety Disorders, Eating Disorders, Couples Therapy

## **ADJUNCT FACULTY**

Lt Col Randon S. Welton, M.D.  
Training Director, Psychiatry

Lt Col Jeffrey Weiser, M.D.  
Mental Health Medical Director

Maj Jody L. Brown, M.D.  
Training Director, Child/Adolescent Psychiatry Postdoctoral Fellowship

Maj Virginia G. Matheson, M.D.  
Staff Child/Adolescent Psychiatry Postdoctoral Fellowship

Maj Ethan Bean, M.D.  
Staff Psychiatrist, Consultation and Liaison

Ms Carole B. Muller, MSW  
Social Worker; ADAPT Element Chief

Mr. William Wall, LICSW  
Staff Social Worker

Joanne Austin, LISW  
Social Worker, Family Advocacy Officer

Maj Jennifer Mann, LISW  
Social Worker, Outpatient Mental Health Element Chief

Maj Sally Binanti, LISW  
Social Worker, Outreach Element Chief

Capt Carla Stephany-Cox, MSW  
Staff Social Worker

Dr. Stephen Yerian, Ph.D.  
Psychologist  
Professor, Wright State University

Dr. Anne Dobmeyer, Ph.D., ABPP  
Clinical Health Psychologist  
Professor, Wright State University

Maj Jeffrey Goodie, Ph.D.  
Clinical health Psychologist, Uniformed Services Health Sciences University

Dr. Leon Vandecreek, Ph.D.  
Professor, Wright State University

Dr. Ramon Verdaguer, Ph.D.  
Clinical Health Psychologist, VA Medical Center, Dayton, Ohio

**GRADUATE SCHOOL PROGRAMS ATTENDED BY SOME FORMER WRIGHT-PATTERSON  
RESIDENTS/INTERNS**

University of Mississippi  
Kansas State University  
Louisiana State University  
University of Minnesota  
University of Florida  
Kansas State University  
Ball State University  
Utah State University  
University of Vermont  
Illinois School of Professional Psychology  
Texas A&M University  
Ohio State University  
University of Houston  
University of Missouri – Columbia, St Louis  
Texas Christian University  
Florida Institute of Technology  
University of Toledo  
California School of Professional Psychology – San Diego  
University of Illinois  
Memphis State University  
University of Montana  
Fuller Theological Seminary  
Wright State University School of Professional Psychology  
Rosemead School of Psychology – Biola University  
Michigan State University  
University of South Dakota  
University of Southern California  
Indiana State University  
Bowling Green University  
Indiana University of Pennsylvania  
University of California – Santa Barbara  
Ohio University  
University of Louisville  
University of Akron  
University of Arkansas - Fayetteville  
University of North Texas  
University of Tennessee - Knoxville  
University of Hartford  
University of Kentucky  
Chicago School of Professional Psychology  
Washington State University  
Washington University  
Virginia Consortium for Professional Psychology  
University of South Carolina  
Brigham Young University  
Minnesota School of Professional Psychology  
Indiana State University  
Pacific University  
University of Wisconsin – Madison  
Nova Southeastern University



*Class of 2000 at the Licensure Prep Course*



## **SOME FIRST ASSIGNMENTS OF GRADUATING RESIDENTS/INTERNS**

Nellis AFB, NV  
Hill AFB, UT  
Keesler AFB, MS  
Wright-Patterson AFB, OH  
Travis AFB, CA  
MacDill AFB, FL  
Minot AFB, ND  
Shaw AFB, SC  
Goodfellow AFB, TX  
Beale AFB, CA  
McChord AFB, WA  
Griffiss AFB, NY  
Myrtle Beach AFB, SC  
McConnell AFB, KN  
Carswell AFB, TX  
Malmstrom AFB, MT  
Hanscom Field AFB, MA  
Patrick AFB, FL  
Bitburg AFB, GE  
Ellsworth AFB, SD  
Offutt AFB, NE  
Whiteman AFB, MO  
Scott AFB, IL  
Peterson AFB, CO  
Altus AFB, OK  
Tinker AFB, OK  
Dover AFB, DE  
Seymour-Johnson AFB, NC  
Wurtsmith AFB, MI  
Edwards AFB, CA  
Maxwell AFB, AL  
England AFB, LA  
Luke AFB, AZ  
Williams AFB, AZ  
Barksdale AFB, LA  
Homestead AFB, FL  
Randolph AFB, TX  
Lackland AFB, TX  
Clark AB, PI  
Lakenheath AB, UK  
Kirtland AFB, NM  
Fairchild AFB, WA  
Wiesbaden AB, GE  
Chanute AFB, IL  
Lowry AFB, CO  
Buckley AFB, CO  
Eglin AFB, FL  
Cannon AFB, NM

# APPLICATION INSTRUCTIONS

USAF Psychology Residency (Internship) Programs – Revised September 2006

**NOTE:** Official applications must be submitted through the Air Force Medical Recruiter serving your geographic area. For careful consideration of your application, copies of materials relevant to professional qualifications must also be submitted to one of the Air Force Training Directors. See items 6 and 7 below.

1. Submit a completed **Applicant Summary Form** (enclosed).
  2. Submit a completed copy of the APPIC Standardized Internship Application Form (APPI)
  3. Submit **official transcripts** of all college and graduate level courses.
  4. Arrange for a minimum of three supporting letters from your professors, program directors, supervisors or others familiar with your psychological skills, academic training, or supervised clinical experiences. General "character references" may supplement, but not replace these letters addressing your specific skills and training. If a letter is used to supplement the Certification by Program Director (item 4), this may count as one of the three required letters.
  5. Submit a **Curriculum Vitae**, listing honors, publications, clinical experiences, and other information relevant to your training and performance in psychology.
  6. Original and official copies of these materials should be taken to your nearest **Air Force medical recruiter**. A phone call to any Air Force recruiting station will yield the exact location and phone number of the medical recruiter for your region. The medical recruiter is critical to the application process, providing information and assistance to you throughout the application process, and s/he is particularly important in completing requirements to qualify as an Air Force officer. Questions specific to psychology or the psychology internship programs are better addressed to one of the three internship training directors.
  7. Unofficial photocopies of all materials mentioned above should be also be submitted to the **Director of Psychology Training** at all three of the training sites: Malcolm Grow, Wilford Hall, and Wright-Patterson Medical Centers. These unofficial materials should be sent to as early as possible in the application process.
  8. You will automatically be considered for programs at all three training sites. You are strongly encouraged to contact all three training directors, and to learn enough about each of the three sites to support ranking them all in the APPIC match process.
  10. Questions about the military application process and qualification as an Air Force officer should generally be directed to your medical recruiter. Issues relevant to the practice of psychology in the Air Force or the specifics of the training programs should be directed to the director of training at one of our sites. You may call or write at any time. We welcome contact as early in the application process as possible.
  11. An interview with the Training Director at one of the training sites is required. On-site interviews are not required by all three programs, but are encouraged, and will be arranged for any interested applicant at any of our training sites. Phone interviews with the training directors can be arranged if on-site interviews are not possible. Applicants are encouraged to arrange a Training Director interview early in the application process.
  12. USAF residency programs adhere rigorously to APA guidelines and principles for program content, and APPIC guidelines for interacting and negotiating with applicants. **Applicants are expected to support these guidelines as well.** A copy of the APPIC guidelines is available at [www.appic.org](http://www.appic.org).
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# APPLICANT SUMMARY FORM

U.S. Air Force Psychology Residency Programs  
Revised October 2006

**Privacy Act Statement:** Authority to obtain this information is Title 10, U.S. Code, Section 8012 Appointment; powers and duties delegated by the Secretary of the Air Force. This information will be used by the Graduate Health Education Selection Board in selecting applicants for admission into the Air Force Clinical Psychology Residency Programs. Disclosure is voluntary; without it, however, selection for these particular programs cannot be made.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Soc. Sec. number:** \_\_\_\_\_ **APPIC match # (if known)** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Phones:** Home \_\_\_\_\_ Cell/office: \_\_\_\_\_

**Projected Degree:** Ph.D. \_\_\_\_\_ Psy.D. \_\_\_\_\_ Other(specify) \_\_\_\_\_

**University or Graduate School/location:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Program:** Clinical \_\_\_\_\_ Counseling psych \_\_\_\_\_ Professional psych \_\_\_\_\_

Other (specify): \_\_\_\_\_

**Is this program accredited by APA?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Graduate GPA and psychology credit hours:**

MS GPA: \_\_\_\_\_ (scale: 3/4 point \_\_\_\_\_) Number of Psych credits: \_\_\_\_\_

PhD GPA: \_\_\_\_\_ (scale: 3/4 point \_\_\_\_\_) Number of Psych credits: \_\_\_\_\_

**DEGREES (awarded/expected):**

University	DATES: from/to	major	degree/date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Dissertation/Doctoral Paper:**

Type of project: Original data: \_\_\_\_ Archival data analysis: \_\_\_\_ Library/literature review: \_\_\_\_

Progress to date: Proposal approved by committee: Data Collected: Data analyzed: Project defended/ completed  
(circle all that are **completed**)

Is a formal defense required in front of your dissertation/project committee?

When do you expect to have totally completed your dissertation/project (including defense, if relevant)

Brief description of project and methodology:

**Practica (include ONLY formal, supervised practica approved by your academic program director/faculty)**

<b>Intervention Experience (combine doctoral &amp; masters)</b>	<b>total hrs (face to face)</b>	<b># of pts/groups</b>
Adult/Older Adult Individual Therapy		
Adult/Older Adult Group Therapy		
Family/Couples Therapy		
Other:		
<b>TOTAL INTERVENTION EXPERIENCE:</b>		
<b>Treatment Settings (note f/each whether private/public supported)</b>	<b>total hrs (face to face, supervision &amp; admin)</b>	
Child Guidance Clinic/School		
Community MHC/ Outpatient Clinic		
Dept Clinic		
College/University Counseling Center		
Forensic/Justice		
General Hospital (including inpatient services)		
Psychiatric Hospital (including inpatient services)		
Military Medical Facility		
Other:		
<b>TOTAL hours in all treatment settings (includes supervision &amp; admin)</b>		
<b>Assessment: ADULT</b>	<b>Administered</b>	<b>Written report</b>
MCMI - III		
MMPI - II		
WAIS-III		
<b>TOTAL # of INTEGRATED REPORTS WRITTEN (ADULT)</b>		
<b>GRAND TOTALS</b>	<b>HOURS</b>	
TOTAL INTERVENTION & ASSESSMENT HOURS (FACE-TO-FACE ONLY) (4A on AAPI 2004 – 2005)		
TOTAL SUPPORT HOURS (4B on AAPI)		
TOTAL SUPERVISION HOURS (4C on AAPI)		

**Teaching experience? (If “yes” describe nature and extent of experience)**

**Military experience? (If “yes” describe nature and extent of experience)**

**List awards, honors, publications and presentations at professional conferences,** or anything else you would like the selection board to consider. Provide sufficient detail (e.g., award presented by whom? What journals? Where was presentation made?)

**Please provide information regarding your ACADEMIC TRAINING DIRECTOR**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Office Phone:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

# CERTIFICATION BY ACADEMIC PROGRAM DIRECTOR

## USAF Psychology Residency/Internship Programs

This form must be completed by **director** of the applicant's academic program, **major professor**, or **dissertation supervisor**. Comments may be offered in a letter attached to this form.

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program:** Clinical \_\_\_\_\_ Counseling psych \_\_\_\_\_ Professional psych \_\_\_\_\_

Other (specify): \_\_\_\_\_ **APA accredited?** Yes \_\_\_\_\_ No \_\_\_\_\_

Will this student have **met all program requirements** other than the dissertation and internship prior to August 15? **Yes** \_\_\_ **No** \_\_\_

Does this student have **your approval** to do an internship in the coming year? **Yes** \_\_\_ **No** \_\_\_

Is a **dissertation required** in this student's program? **Yes** \_\_\_ **No** \_\_\_

**Dissertation status** (If no dissertation is required, please attach a short description of any requirements which serve in lieu of the dissertation.)

Which steps has the student has **actually completed** as of today?

(check all that apply)

- \_\_\_\_\_ Topic not yet approved by major professor
- \_\_\_\_\_ Topic approved by major professor, proposal writing underway
- \_\_\_\_\_ Proposal approved by committee, data collection underway
- \_\_\_\_\_ Data collection done, analysis underway
- \_\_\_\_\_ Data analysis completed, writing underway
- \_\_\_\_\_ Writing done, only oral defense remaining
- \_\_\_\_\_ Completely finished, passed oral defense

Given the scope and nature of the student's dissertation project, which of these steps might we realistically expect the student to have **completed before the start of the internship**?

(Check all that apply)

- \_\_\_\_\_ Topic not yet approved by major professor
- \_\_\_\_\_ Topic approved by major professor, proposal writing underway
- \_\_\_\_\_ Proposal approved by committee, data collection underway
- \_\_\_\_\_ Data collection done, analysis underway
- \_\_\_\_\_ Data analysis completed, writing underway
- \_\_\_\_\_ Writing done, only oral defense remaining
- \_\_\_\_\_ Completely finished, passed oral defense

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**Professor's**

**Name (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **OFFICE PHONE:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

## **APPIC MATCH POLICIES: 2007-2008**

Adopted July 24, 2007

*The following policies will guide the 2008 APPIC Match and Clearinghouse. Adherence to these policies is a condition of membership in APPIC and of participation in the APPIC Match and/or Clearinghouse.*

**For 2007-2008, the Rank Order List Submission Deadline is February 6, 2008.**

**Results of the Match will be released on APPIC Match Day, February 25, 2008.**

- 1. These policies apply to all participants in the APPIC Match, including APPIC member internship programs, non-APPIC member internship programs, and student applicants.**
  - a. All participants shall abide by their agreements with APPIC for participation in the APPIC Match.
  - b. Internship training directors must ensure that all people involved in recruiting or selecting interns understand and adhere to these policies.
  - c. Directors of APPIC Subscriber programs and doctoral programs with students participating in the APPIC Match are requested to ensure that their students understand and adhere to these policies.
  - d. Violations of APPIC Match Policies or Match Agreements by applicants or programs may result in sanctions by APPIC (e.g., being barred from future Matches) or legal action by other Match participants. In addition, violations by applicants may result in disciplinary action by the applicants' graduate and/or internship programs.
- 2. Internship programs must offer all of their internship positions through the APPIC Match.**
- 3. Participants in the APPIC Match, including applicants and internship programs, may not communicate, solicit, accept, or use any ranking-related information prior to the release of the Match results.**
  - a. Internship programs must include the following statement on their web sites and in their brochures: "This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant."
  - b. Prior to the release of the APPIC Match results, internship programs may choose to inform applicants as to whether or not the applicants remain under consideration for admission (e.g., whether or not the applicants will be ranked) but may not communicate any other ranking information. The spirit of this item precludes any communication of rankings prior to the release of the APPIC Match results, however "veiled" or indirect such communication might be. However, sites and applicants are allowed to communicate about matters that do not involve the sharing of ranking information.

- c. Internship programs and applicants may never solicit information regarding applicants' and programs' rankings, even after the release of the Match results.
  - d. Internship sites that offer more than one program in the APPIC Match (i.e., sites with more than one program code number) are expected to ask applicants to identify the site's programs to which they are applying. In addition, these sites may, for the sole purpose of arranging interviews, ask applicants to designate their preferences regarding the programs at the site for which they wish to be interviewed. These sites may request interview preference information only when it is essential for making interview arrangements, and such information may not be used for any other purpose in the selection process. Furthermore, these sites may not solicit any information about applicants' final rankings of programs. Sites requesting interview preferences must state clearly in their written materials that these preferences will be used for arranging interviews only and for no other purpose.
  - e. Any ranking information that is communicated between applicants and internship programs, even though such communication is a violation of these policies, is non-binding and may be changed at any time prior to the Rank Order List submission deadline. The only binding rankings are the confidential Rank Order Lists that are submitted to the APPIC Match.
  - f. Internship programs may choose to provide applicants with information about the size of the applicant pool.
  - g. Internship programs that conduct on-site or telephone interviews must make a reasonable effort to notify every applicant who submits a complete set of application materials as to his/her interview status. Such notification must occur no later than the interview notification date that appears in the program's APPIC Directory Online listing and/or other publicity materials, and may be communicated via e-mail, telephone, regular mail (to be received no later than the interview notification date), or other means. Sites that conduct open houses to which all applicants are invited and conduct no other interviews are exempt from this requirement (this process should be clearly stated in the APPIC Directory Online and/or sites' publicity materials).
4. **Results of the APPIC Match constitute binding agreements between applicants, internship programs, and APPIC that may not be reversed without APPIC's consent.**
- a. Appointments of applicants to internship positions may be contingent upon the applicants satisfying certain eligibility requirements. Such eligibility requirements must be clearly specified in the internship programs' written materials and provided to applicants in advance of the APPIC Match.
  - b. Internship training directors are encouraged to contact matched applicants by telephone as soon as possible after 11:00 am Eastern Standard Time on APPIC Match Day.
  - c. It is not necessary for internship training directors to contact applicants with whom they have not been matched.



5. **Internship training directors must put in writing their appointment agreements with matched applicants in letters postmarked no later than 72 hours following receipt of the APPIC Match results.**
  - a. Letters must be addressed to the applicants and must include confirmation of conditions of the appointment, such as stipend, fringe benefits, and the dates on which the internship begins and ends.
  - b. Copies of these appointment letters must be sent simultaneously to applicants' academic training directors.
6. **Internship programs that receive their APPIC Match results and have one or more positions left unfilled may then make other direct offers of admission (verbal or written) to applicants who remain unmatched or to applicants who did not participate in the Match. Applicants who receive their APPIC Match results and who remain unmatched may then receive other direct offers of admission.**
  - a. Failure to receive timely notification of the APPIC Match results, for any reason, does not constitute a release from the Match.
  - b. Internship programs may not take any actions to fill open positions prior to 11:00 am Eastern Standard Time on APPIC Match Day. Applicants who remain unmatched, along with other individuals acting on their behalf (e.g., doctoral program faculty), may not contact internship programs about unfilled positions prior to 11:00 am Eastern Standard Time on APPIC Match Day.
  - c. Prior to making offers to fill open positions, internship training directors must verify with applicants, to the best of their abilities, that the applicants have not previously been matched to other internship programs nor accepted other offers.
  - d. Applicants may not accept an offer if they have been matched or have already accepted an offer from another internship program.
  - e. An offer (verbal or written) that has been tendered by an internship program and accepted by an applicant constitutes a binding agreement between the program, the applicant, and APPIC that may not be reversed without APPIC's consent.
  - f. The internship training director must put in writing the appointment agreement with the applicant in a letter postmarked no later than 72 hours following acceptance of the offer by the applicant, as described in paragraphs 5a and 5b above.
7. **Individuals who perceive violations of these policies are urged to request compliance with APPIC policies from the appropriate party (parties).**
  - a. Unresolved compliance problems should be resolved informally, whenever possible, through consultation among applicants, internship training directors, academic training

directors, and/or APPIC, or by other informal means. APPIC sponsors an “Informal Problem Resolution” process (described on the APPIC web site) that is recommended for use in addressing these issues.

- b. Internship training directors who become aware of violations of these policies by other internship training directors should (a) urge the affected applicants and academic training directors to follow the informal resolution procedures described above, (b) directly contact the other internship training directors, and/or (c) use the APPIC “Informal Problem Resolution” process.
  - c. Perceived violations of APPIC Policies and/or the Match Agreement that are not resolved through the APPIC "Informal Problem Resolution" process may be reported as a formal complaint to the APPIC Standards and Review Committee (ASARC).
8. **If a formal complaint is filed with APPIC regarding an alleged violation of these policies, the APPIC Standards and Review Committee (ASARC) will evaluate the allegations and recommend an appropriate course of action to the APPIC Board of Directors. The APPIC Board of Directors is the body that ultimately determines the course of action. ASARC policies are described on the APPIC web site. Violations of APPIC policies should be reported to:**

**Chair, APPIC Standards and Review Committee  
10 G Street, N.E.  
Suite 440  
Washington, DC 20002  
(202) 589-0600**

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**NOTE:** APPIC members, and non-APPIC members who participate in the Match, may reprint the APPIC Match Policies in their program materials and brochures by stating "Reprinted with permission."